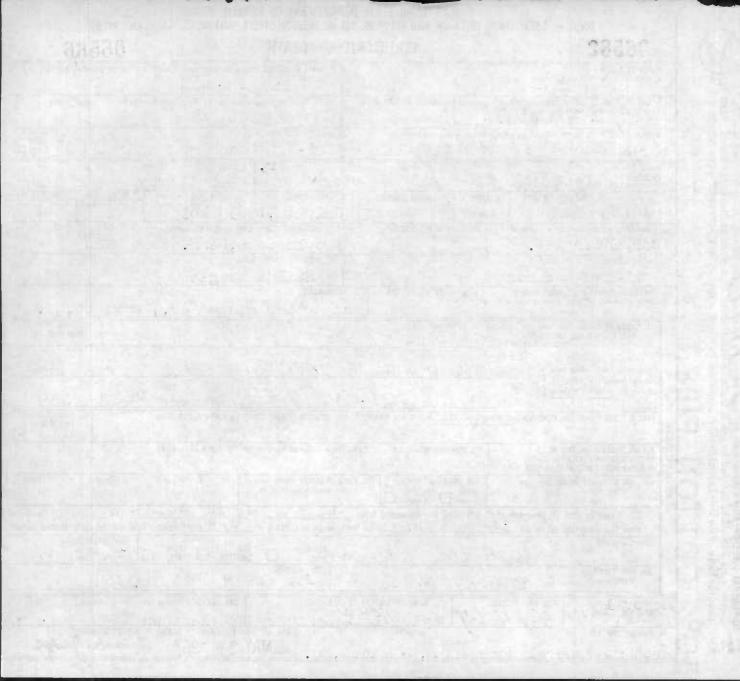
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06582	CERTIFICAT	E OF DEATH		06566		
		O. COUNTY CHARLES	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived, if institution b. COUNTY	n: Residence before admission) \( \sqrt{Y} \)		
	R	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	1	side carparate limits, write RURA	5-3		
0	K	d. NAME OF HOSPITAL OR INSTITUTION (If not i	Phata HEIGITTS	d. STREET ADDRESS	Jion St-	e IS RESIDENCE ON A FARM? YES NO		
		NAME OF DECEASED (Type or print) I+OWAR	d Roy 1	Buckher	4. DATE Month OF DEATH MALY			
	S.	MALE COUC.	MARRIED NEVER MARRIED DIVORCED DIVORCED	July 16,19	last hirthday)	Manths Days Haurs Min.		
	duri	a, USUAL OCCUPATION (Give kind of work dane ring most of warking life, even it retired) CAT PENT ET RETIRED	10b. KIND OF BUSINESS OR INDUSTRY	Doylestov		12. CITIZEN OF WHAT COUNTRY?		
	13.	FATHER'S NAME William Buckner		Matilda				
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af s	ervice)	INFORMANT	Address Binger Jr., La			
		1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).)	REST		INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if any, which gave rise to immediate cause (a),	MYOCARDIAL I	NFARCTION		21nos		
		last. (c)	ARTERIOSCLERI					
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	IRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature af injury in P	art I or Part II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	, 20f. (City ar town)	(Caunty) (State)		
		saw the deceased alive an_2	tal) attended the deceased fram_ 0 may19 <u>67</u> , and the			t, 19, that (I) (we) last nd an the date stated abave.		
		22a. SIGNATURE & Barry Mason MD. ATTENDING MED. STAFF 22b. DATE SIGNED 22 may 67						
1		22c. PHYSICIAN'S J. G. BA	IRRY MASON	22d. ADDRESS LA PL	ATH, MO 20	0686		
	B1	REMOVALISPECIFY) 4 23b. DATE THERE REMOVALISPECIFY) 4 5-24	-67 Dovlest	Cemetery	23d. LOCATION (City or Town Doylestown	Penn		
		4. FUNERAL DIRECTOR rehart Funeral Ho	me Inc. La Plat	AAA'		Istrar's SIGNATURE		

Arehart Funeral Home Inc. La Plata . . d

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 add shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



Items 18-21 Film 389 6-1 MARYLANDSTATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b. COUNTY 2, one PM3. Page CHARLES MARYLAND Maryland CHARLES b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Rock Point Rock Point with the Stote Depor d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS the certificote, writing the word "pending" in pencil in Item 18. Give Pages 1, '4 should be forwarded to the Chief Medical Examiner's Office alang with form ON A FARM? NO NAME OF 4 DATE Year DECEASED OF DEATH DANIEL RUDOLPH BURROUGHS May 26, 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED 37 yrs. 72 hours after death White WIDOWED Male 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13 FATHER'S NAME (If yes give wor or dotes of service event within McKenny Burroughs, Tompkinsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Massive laceration of liver with hemo-IMMEDIATE CAUSE (o This certificate should peritoneum any Conditions, if ony, which gove (b) rise to immediate couse (a), 2 DUE TO stoting the underlying couse WAS AUTOPS'
PERFORMED? 3 shauld be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remayol, Acute ethylism necessary, please execute the certificate, YES X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING 5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 shauld
Health prior ta burial, cremation, or Apparently fell from tractor CAUSE OF GEATH 20c. TIME OF INJURY Month, Day, 20d. INJURY-OCCURRED 2 (City or town) 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Not While While of work Page Rock Point Charles 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection . Inquiry and in my apinian the funeral directar. death resulted fram: Natural causes Accident X Suicide [ Hamicide [ Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER May 26, 1967 **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) Burial Specify) Wayside, Charles Co., Md. 29,1967 Christ Church

DATELLIN

VR A15ME (5)

24. FUNERAL DIRECTOR

Arehart Funeral Home Inc., La Plata, Md.

THE STATE OF A Section Sect The second control of the second of the seco 

Items 18-21 Film 389

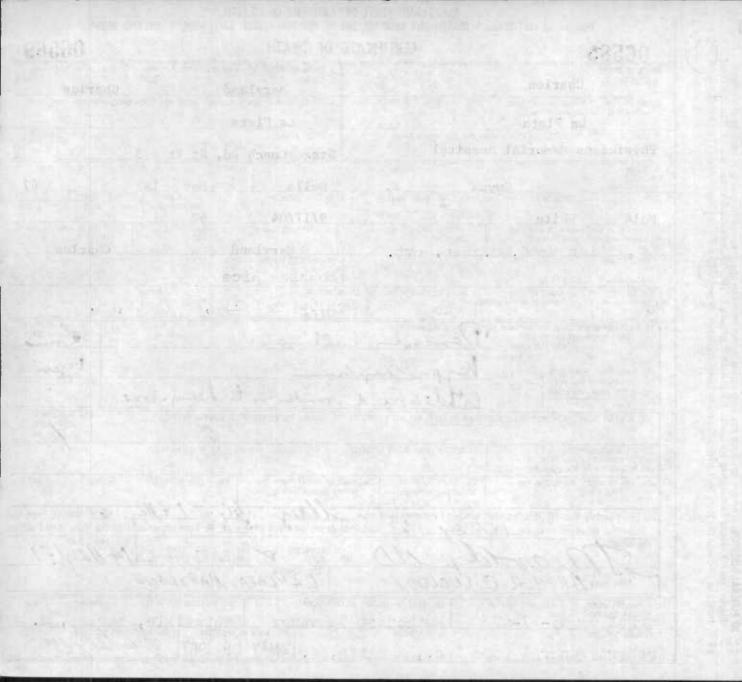
. in contrast the second of th and Property S. Sectionics, M.D. Charles and the second and the least the least the least to the second of the least to the second of the least the least the least to the 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

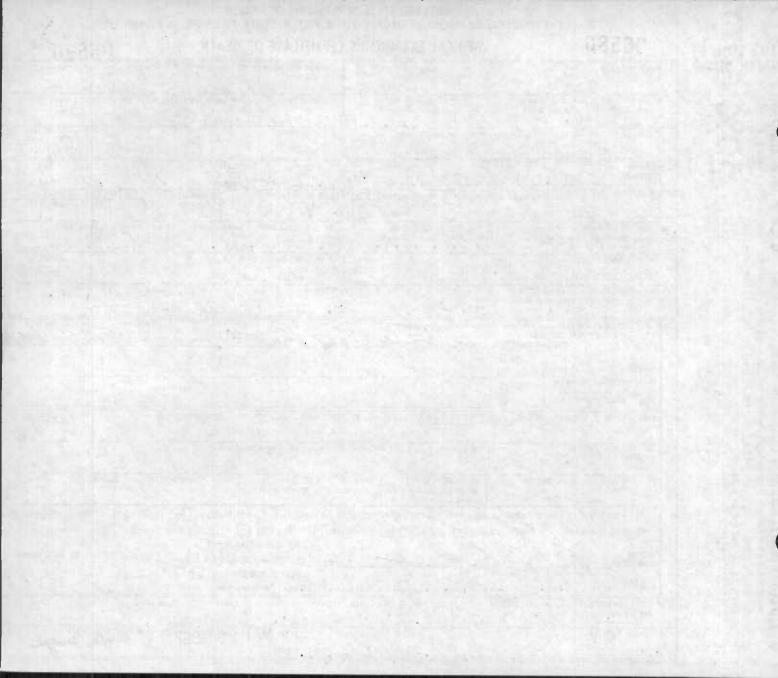
06583	5		CERTIFICAT	TE OF DEATH			06569	
PLACE OF DEATH     a. COUNTY	Charles		MARYLAND	o. STATE	Where deceased lived, if institute b. COU	INTY	before odmission)	
	If outside corporate limi d give nearest tawn)  La Plata	ts, C.	LENGTH OF STAY IN 16		utside corporate limits, write RU	RAL and give no		
	ral or institution (if n			d. STREET ADDRESS  Stage Coac	h Rd, St Rt #	3	e. IS RESIDENCE ON A FARM? YES NO X	
3. NAME OF DECEASED		irst	Middle E	lost Della	4. DATE Mon OF DEATH May 14		Doy Year 19 <b>67</b>	
(Type or print) S. SEX	6. COLOR OR RACE	Gwynn 7. MARRIED X	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YE		
during most of working NOS, Ind	White N (Give kind of work done life, even if retired) ian Head,	10b. KIND C	OF BUSINESS OR	Marvl	y & Stote, or foreign country)	COUN	EN OF WHAT TRY? arles	
13. FATHER'S NAME	Della	14 5000	AL SECURITY NO.   17	Sophia I	Rice Addr	ress		
(Yes, no, or unknown)	(If yes give war or dotes	of service) no			Della,La Pla			
	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE DUI	1/0-	(b), ond (c).)	ellen			INTERVAL BETWEEN ONSET AND DEATH	
Canditions, if any rise to immedia stating the under last.	te couse (o),	(b) hy 10 (c) Who	en new	mutik	to hay. l	one	geon	
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DI	EATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTING	AS UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Port II of item 1B.)			
Hour o.	m. 19	While of work	Not While of work	LACE OF INJURY (Home, for actory, street, office bldg., etc	.)	(Count	(State)	
21. I cert saw the c	21. I certify that (I) (this haspital) attended the deceased fram May, 1966, to 1 than 1967, that (I) (we) lass saw the deceased olive an 14 May 1967, and that death occurred at 5: A M, from couses and on the date stated above							
22a. SIGNATUR	220. SIGNATURE  MED. STAFF  PHYS. DIRECTOR PHYS. DATE SIGNED  220.							
NAME (Type	HRTHUR		ODD/		TA, MARYLAN		cunty) (State)	
230. BURIAL, CREMATI REMOVAL (Specif BURIAL) 24. FUNERAL DIRECTO	5-17-		3c. NAME OF CEMETERY COMPLETERY COMPLICATION COMPLETERY	Cemetery	23d. LOCATION (City or To			
		Home In	c.,La Plat	0.00	M	Charles		

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, or removal grid in any event, within 72 hours ofter dept. Poge 4 moy be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOT W. PRESTON STREET, BALTIMORE, M.	ARTLAND ZIZUI
FOR STATE	06586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06570
HEALTH DEPT.	1. PLACE OF OEATH  2. USUAL RESIDENCE (Where deceosed lived, if	
oy is 3 to Page not of int of eath.	o. COUNTY Charles MARYLAND O. STATE Laryland	Charles
	b. CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits with	ite RURAL ond give nearest town)
2, and PM3. PM3. partme	write RURAL ond give nearest town) La Plata D.O.A. Pisgah (Rural)	051
0.0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE
Pages 1, ith farm state De	11 Physicans Lemorial Hospital	ON A FARM? YES NO 🔝
e Pages with farm	3. NAME OF First Middle Lost 1 4. DATE	Manth Doy Year
	DECEASED (Type or print) HOWARD MARCELLOUS DUNNING TO DEATH	5 21 1967
after de 8. Give I alang w with the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 8. DATE OF BIRTH 9. AGE (in y)	eurs IF UNDER I YEAR IF UNDER 24 HRS.
18. 18. 2 with with with with with with with with	Male Negro WIDOWED DIVORCED 4/17/1913 54 birth	doy) Months Days Haurs Min.
haurs Item 1 Office ond 2 event	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
	during most of working life sven if retired U.S. N.O.S. Pisgah , Ild.	U.S.A.
hin 24 H ncil in It niner's O pages Ic in any e	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
I within 24 n pencil in Examiner's File pages ond in any	Marcellous Dunnington Ada Penny	
d with period of the period of	IS WAS DECEASED EVED IN ILS ADMED EDDECS 14 SOCIAL SECURITY NO 17 INFORMANT	Affissgah, Md.
d be executed a "pending" ir Chief Medical I fronsit permit.	(Yes, As, or unknown) (If yes, give war, or dofes af service) 218714-3308 Mr. Paul Dunnington	-Brother
e execution pending of Medicion sit permise removo	18. CAUSE OF OEATH (Enter only one cause per line foo(a), (b), and (c).	INTERVAL BETWEEN
should be e te ward "per o the Chief burial-tronsit motian, ar re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Jouly Couly Control	GONSET AND DEATH
ward ward the Ch rial-tro tian, c	X DUE TO C	
should e ward o the Cl ourial-tr	Conditions, if any, which gave (b)	
0 + + 0	rise to immediate couse (o), stating the underlying cause DUE TO	Children of the Child
fica ing dec dec as	lost. (c)	
e, writing torwarded to buriol, cri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item	YES NO
T 20 0 5	20a. EXTERNAL CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item	18.)
INER: Te certific should be files. 3 should nt, prior		
3 4 8 9	20c. TIME OF INJURY Month, Doy, Yeor While Not While factory, street, office bidg., etc.)	wn) (County) (State)
MEDICAL EXAM leose execute the director. Poge 4 stained for your DIRECTOR: Poge designated agg	p.m. 19 of work at wor	
NEUTAL EX sose execut irectar. Pog ained for y IRECTOR: Pod designated	21. I certify that I took charge of the remains described above, held on Autopsy Inspection	
ex ex far. ex far. ex far. cTo figner	death resulted frame. Natural causes , Accident , Suicide , Hamicide , Undetermin	ed manner 🗌
MECT pleose directo etaine DIREC	ACTUAL CHIEF MEDICAL EXAMINER C	OO DATE COME
	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER L	22. DATE SIGNED
O DEPUTY MEDIC.  necessary, pleose enthe funeral director  5 may be retained  0 FUNERAL DIRECT  Health or its design	EXAMINER'S NAME (Type) J. J. Edelen, M. D. La Plata, Md Address (Street, city, town, or county)	5-276
TO DEPU necessar the fune 5 may b TO FUNER	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City)	or Town) (County) (State)
TO Pure the the Heo	PEMOVAL (Specify)	
()	JAM JOI DO OHIGITICO OCINCOCI Y OLYMON	nt, raryland
VR A15ME (5)	Arehart Funeral Home, Inc La Plata, Md. DATE	guarles Judge
DM 1/00	the chart of allerat home, the -tha Flada, M.C. Dair	



		1		
F HE,	OF AL	S S	TATI	E RVI
delay is	2, and 3 to	M3. Page	tmentof	er dedth.
h If any	jes 1, 2,	form P	Depg	Toole all
n 24 haurs after death. If any delay is	I in Item 18. Give Pages 1	er's Office alang with form PM3. Page	ges 1 and 2 with the State	within 72
haurs	Item 18	Office a	and 2 v	any event within
n 24	i.	ler's	ges	dny

06587

necessary, please execute the certificate, writing the ward "pending" in penci the funeral director. Page 4 shauld be farwarded to the Chief Medical Examir 일.드 **D FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File Health ar its designated agent, priar to burial, crematian, ar remaval, and 5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit

This certificate shauld be executed withi

TO DEPUTY METAL EXAMINER:

VR A15ME (5)

08571

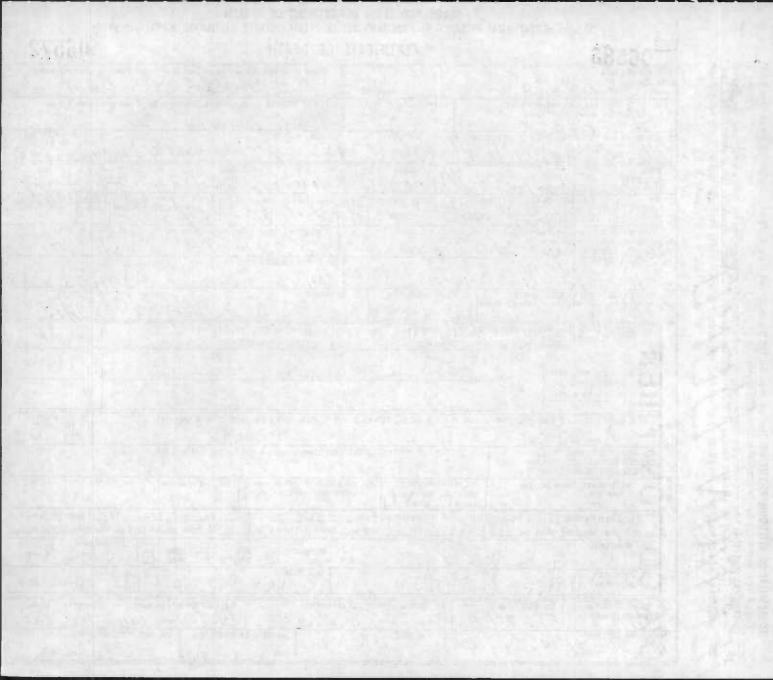
	PLACE OF DEATH  O. COUNTY	2. USUAL RESIDENCE (V	Where deceosed lived, if institution: b. COUNTY	Residence before odmission)
	Charles MARYLAND	o. StaWaryl	and	18 GERRANS
La	b. CITY OR TOWN (If outside corporate limits,  pyrite RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	Accokee.	utside corporote limits, write RURAL K Md.	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Physicians Lemorial LaPlata			ON A FARM? YES NO
3.	NAME OF First Middle OECEASED (Type or print) Exixxim Willie Ray Gris	Lost	4. DATE 0F 5-24 Month 7	Doy Year
S.	272	B. DATE OF BIRTH	A	FUNDER 1 YEAR   IF UNDER 24 HRS.
	le W-US WIDOWED DIVORCED	5-1-1901	60st birthdoy) M	Nonths Doys Hours Min.
dur	USUAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT
	netirea Farmer	Granvil	le County N.C	
13.	FATHER'S NAME	Emma Fat		
	Thomas Grissom			
15.	as no or unknown) (Iff yes give wor or dates of service)	NFORMANT	Addre	anjemoy, Md.
Tofi	226-46-7703 Wi	llie T. Gr	rissom-Rt.1, Bo	ox 34,
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	Massi	ive	Interval Between
	IMMEDIATE CAUSE (o) Coronary Occlus	sion -		
	Conditions, if ony, which gove ) DUE TO Arterio Sclere	sis-Gener	al	Indefinite
	rise to immediate couse (a)			72402212200
	stoting the underlying couse   DUE TO Aging Process			Indefinite
NOI	FIRE ROLLES CENTICANT CONDITIONS CANTERBALLED TO DEATH BAT NOT REFIATED TO	HETERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
ICAT	years			YES NO
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.	Enter noture of injury in I	Port I or Port II of item IB.)	
MEDICAL		E OF INJURY (Home, form		(County) (State)
MEE	Hour o.m.  19 While Not While foctor	ory, street, office bldg., etc.)		
	21. I certify that I took charge of the remains described above, hel	ld on Autopsy .	Inspection , Inquiry	and in my opinion
		de . Homicide		4
	1 50 9	CHIEF MEDICAL		
	SENTATURE and cherry	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED
		DEPLITY MEDICA	AL EXAMINER	
	NAME (Type) Johnes E. Andrews, Indian Head	d, Md Address (Street	, city, town, or county) 5	5-26-67
230	BULIA, CREMATION, 236. DATE THEREOF CWS 23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)
I	Burial May 27,1967 Trinity Men	norial Gar	dens, Waldorf	Charles . Md.
24	FUNERAL OIRECTOR ADDRESS	2So. REC'P	BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE Quedes
1	report Funeral Home Inc Is Plats	TATA DATE	ON T 1901	1

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06588	CERTIFICATE OI	F DEATH	05572
	1. PLACE OF DEATH O. COUNTY Charles		STATE DENCE (Where deceased live	d, if institution: Residence before odmission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write/RURAL and gree peorest town)	c. LENGTH OF STAY IN 1b C. CI	D //.	its, write RURAL and give nearest town)
	L2 PL2/3		STREET ADDRESS	l e. IS RESIDENCE
1	DAME OF HOSPITAL OR INSTITUTION (If not in hospital, give Physicians Members)	rial FS	3 West Unive	CA CV ON A FADUR
10	3. NAME OF DECEMBED (Type or print)  A he	Patthews 1	Hooper 4. DATE OF DEATH M.	724 24 Doy Year 1967
1	S. SEX 6. COLOR OR RACE 7. MARRIED D. C. C. C. WIDOWED [	NEVER MARRIED 8. DAT	TE OF BYRTH 9. AGE lost 54. 1912 54	(In years   IF UNDER 1 YEAR   IF UNDER 24 HRS. bythdoy)   Months   Doys   Hours   Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIN	D OF BUSINESS OR VII.	BIRTHPLACE (County & Stote, or foreign of a Plata, Ma	ountry) 12. CITIZEN OF WHAT COUNTRY?
	F. Brooke Matthe	ews A	MOTHER'S MAIDEN NAME	he Joyes
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, o wiknown) (If yes give wor or dotes of service)	OCIAL SECURITY NO. 17. INFORM  0-34-4839 11 mg	othy J. Hoop	exuniters typhay
-	18. CAUSE OF DEATH (Enter only one couse per line for (couper to the part i. Death was caused by:  IMMEDIATE CAUSE (o)	o), (b), ond (c).) renary of Per	atomtis /	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove (b)	istudio as	centing Colon	dospudo. I WEEK
	stoting the underlying couse   DUE TO (c)	idmod Co	pecinoma.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEN	RMINAL DISEASE CONDITION GIVEN IN I	PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED. (Enter	noture of injury in Port I or Port II of	item 18.)
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 20d. INJ While of work	Not While foctory, str	INJURY (Home, form, reet, office bldg., etc.)	or town) (County) (State)
	21. Lertify that (I) (this haspital) attends		13 , 196 ( ta_	m tauses and an the date stated abave.
	220/ SIGNATURE Turp has want	M.D. P	ATTENDING MED. PHYS. DIRECTOR DIRECTOR	STAFF PHYS. D 22b. DATE SIGNED 76 67.
1	22c. PHYSICIAN'S PRIJED M. M	ONEIRO	P.O. Box 807 0	ia Mata, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 5/27/66		tius Bel	(City or Town) (County) (Stote)
	The Hunt Theneral Hon	ne, Halderfy Met	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carban papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after-death Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66



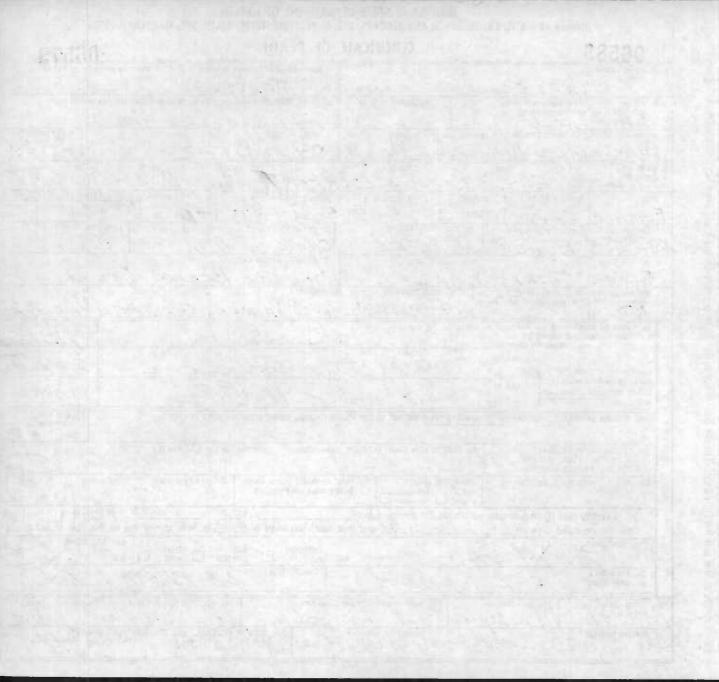
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Systhe funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carpair papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	16583	CERTIFICATE	OF DEATH		15573	
1. PLAC	E OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if		before admission)	
o. CO	CHARLES	MARYLAND	a. STATE MARVLAND	b. COUNTY	ABRLES	
	TY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, w	rite RURAL and give	nearest tawn)	
y	rite RURAL and give nearest tawn)		CHARLOTTE	HAL	181	
d. NA	ME OF HOSPITAL OR INSTITUTION (If not in ho	uspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
PH	YSICIANS MEM	ORIAL HOSP.	RTI BOX71	e)	YES NO E	<u> </u>
	E OF ASED E Sic	REBECCA LOC	KHART OF DEATH	May 16	Day Year	7
S. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In last birth	year IF UNDER 1 'Manths	YEAR IF UNDER 24 HR Days Haurs Min	
Fel	MALE CAU, WIL	DOWED DIVORCED .	5-31-1895 7	Yrs.		
	AL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State, ar fareign countr		ZEN OF WHAT NTRY?	
	ost of warking life, even if retired)	NURSING	CHARLES, MD.		S.A.	
	HER'S NAME		14. MOTHER'S MAIDEN NAME	.0		
TI	AMES THOMAS	WARD	DORSEY BELLE	s for	'N	
	S DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	, ,	
(1es, no	, ar unknawn) (If yes give war ar dates af servi	214-42-2523 Bei	ENICE PALMER, CHA	PRLETTE.	HALL, MI	D.
18.	CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY:	line far (a), (b), and (c).)	Monson		INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	1/1/1	-		14occ	Re
Con	ditians, if any, which gave ) (b)	dialel	i gangen	e	2 Moule	1/2
	ta immediate cause (a), DUE TO	DE 1 1	7 0 12 Most		10.10-11	1
last	(c)	drabel	es Mellilus		10 year	=
PAF	RT II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART	l(a)	19 WAS AUTOPSY PERFORMED?	
ATIO					YES NO	
OR (IF	I. ACCIDENT WAS UNDERLYING  CONTRIBUTING  CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Part I ar Part II af item	1B.)		
	. TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, form, 20f. (City or t	own) (Cour	nty) (State)	
WED	Haur a.m. p.m.	While Nat While facto	ary, street, affice bldg., etc.)			
	21. I certify that (I) (this haspital)	attended the deceased fram	, 1958, to 5	-/6,196	Z, that (I) (we) I	
	saw the deceased alive an	-/ 6 19 6/, and that	death accurred at 403 M, fram c	auses and an the	e date stated abo	ive.
22	a. SIGNATURE	M.D	ATTENDING MED. STAI	F D	TE SIGNED - 67	-
22	c. PHYSICIAN'S	SOHNSON	22d. ADDRESS 1-A PL	ATA	mad	
	NAME (Type)	• • • • • • • • • • • • • • • • • • • •	2///-		1241,	
	IRIAL, CREMATION, 23b. DATE THEREOF MOVAL (Specify)	23c. NAME OF CEMETERY OR C	1. 1.1	1. 1	County) (State)	a
Die	2126 VIId42,1	ADDRESS/ ADDRESS/	2Sa., REC'D BY REGISTRAR	25b. REGISTRAR'S SIG	SNATIMEF	-
TR	NERAL DIRPCTOR	Home, Waldo	A Mal 230 MAY 2 5 1967	Julanti	o Judge	1
	VI		U DAIL	¥		



to historical addition and other to

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	OR	S	TAT	
delov is HE	ond 3 to N	M3. Page	rt ment of	ter death. 19

PM3. Po

RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department esignated agent, prior ta burial, cremation, or removol, ond in any event within 72 haurs after dea

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form ned far your files.

TO DEPUTY MENTAL EXAMINER: This certificate should be executed within 24 hours after death.

=	0	=	0	
0	retai	0 7	iţ.	
runera	be	ERAL	0	
The Tun	5 moy	FUNE	Heolth	2
VR	FA S	5MI	E (5)	R

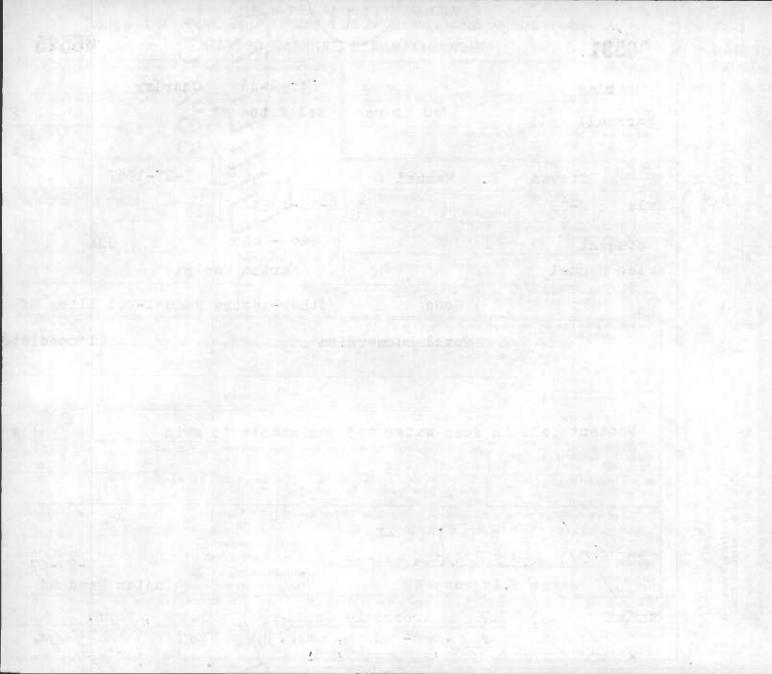
	06596	0	MED	ICAL EXAMINER'S	CERTIFICATE C	OF DEATH	05574
	PLACE OF DEATH  o. COUNTY Charles MARYLAND			o. STATE Maryla	nd Cha	rles	
_	b. CITY OR TOWN (II	outside corporate limi aive neorest town)	s,	c. LENGTH OF STAY IN 1b	Fenwic	utside corporote limits, write RL K, Md -	18.1
	d. NAME DF HOSPITA	AL OR INSTITUTION (If n	ot in hospital, (	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)		irst <b>liam</b> G			DEATH	1967
	Male	6. CDLDR DR RACE W-US	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-22-190	1 )0 113	IF UNDER 1 YEAR
10c dui	o. USUAL DCCUPATION ring most of working	(Give kind of work dane ite, even if retired)		IND OF BUSINESS OR DUSTITION - D.C	. Washingt		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Will	iam Long			Mary E.	NAME Cavanaugh	
15 (Y	es, no, or unknown)	R IN U.S. ARMED FORCES' (If yes give wor or dotes	of service)		Mrs.Ruth	Long- Wife E	
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	Cor	(o), (b), ond (c).) ronary Occlu	sion Massi	Lve	Immediate
	Conditions, if ony, rise to immediate	Indefinite					
stoting the underlying couse stoting the underlying couse Aging Process							Indefinite
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? PERFORMED? YES \( \sigma \) NO \( \sigma \)						
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.						
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m.  p.m.  20d. INJURY OCCURRED While of wark at wark of the process						
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection XX, Inquir XX, and in my opinio death resulted from: Natural caus XX, Accident, Suicide, Homicide, Undetermined manner						
	ACTUAL SIGNATURE EXAMINER'S	10/2	Kee		CHIEF MEDICAL  ASSISTANT MEI  DEPUTY MEDIC	DICAL EXAMINER *	22. DATE SIGNED 5-9-1967
	NAME (TYPE)	James E.				et, city, town, ar caunty)	
	a. BURIAL (REMATIO REMDVAL (Specify)	L 5-12		Bumpy C	DAK CEM	23d. 10CATION (City or T	V. CHARLES MD.
2	4. FUNERAL DIRECTOR	- FULLED	1 11	ADDRESS /	250. REC		EGISTRAR'S SIGNATURE

. The same of the A Company of the state of the s

FOR STATE HEALTH DERT necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page amy delay is 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health ar its designated agent, priar ta burial, cremation, ar removal, and in any event within 72 hours after death 10 DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

06591 N	NEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	05575
PLACE OF DEATH o. COUNTY Chatles	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Reside b. COUNTY Charles	ence before odmission)
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)  Marshall Hall	rew Hours		tside corporate limits, write RURAL and gi	081
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	oitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Steven P.	Manue l	Lost	4. DATE OF 5-27-1967	17
Male W-US 7. MAR WIDO	WED DIVORCED	8. DATE OF BIRTH 2-22-1953	last birthday) Months Yrs.	Doys Hours Min.
Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	Saco-Ma	ne	ITIZEN OF WHAT OUNTRY? ISA
3 FATHER'S NAME Waldo Manuel		14. MOTHER'S MAIDEN Marth	a MacLoud	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (If yes give wor or dates of service)		Mother-Ma	Address Artha Manuel-Bel	Alton Md
18. CAUSE OF DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  (c)	ne for (o), (b), ond (c).)  Fatal Submers	sion	·	INTERVAL BETWEEN ONSET AND DEATH Trimmediate
	deep water and	d was unabl	e to swim	19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY 🗆 or CONTRIBUTING 🗆 CAUSE OF DEATH.	Db. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in I	Port I or Port II of item 1B.)	
Haur o.m.		LACE OF INJURY (Home, form octory, street, office bldg., etc.)		ounty) (Stote)
21. I certify that I taak charge af the	e remains described abave, h	neld an Autapsy [],	Inspection 💂, Inquiry 🛣	and in my apinian
death resulted from: Natural cause	Accident X Su	icide 🔲, Hamicide	, Undetermined manner	
ACTUAL SIGNATURE	elereo	CHIEF MEDICAL  ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED 5-29-67
EXAMINER'S James E.And	drews MD	DEPUTY MEDICA Address (Street	AL EXAMINER XI r, city, town, or county) Indian	
BURIAL, CREMATION, 23b. DATE THEREOF 6/3/1967	23c. NAME OF CEMETERY OF Brookdale		23d. LOCATION (City or Town) Dedham , Mas	(County) (State)
24. FÜNERAL DIRECTOR annon Funer. Arehart Funeral H	al Home Dedhar	n. Mass 250. RECT	New REGISTRAP 256. REGISTRAP'S	SIGNATURE JUNGE

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH 06592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE b COUNTY Page death. MARYLAND deloy Deportment b CITY OR TOWN (1) C LENGTH OF STAY IN 1b. nts write RURAL and give nearest town) putside corporate limits. write RURAL ac give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddres d. STREEL ADDRESS form hours Pages ote hours ofter death. NAME OF Middle DATE 72 4 Month DECEASED OF DEATH Item 18. Give P Office along Wi (Type or print) S. SEX A AGE 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED (In years lost birthdoy) WIDOWED DIVORCED and 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR duying most of working life, even if refired) Fector INDUSTRY ony Chief Medical Examiner's 13. FATHER'S NAME executed within pencil .= File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service removal. 18. CAUSE OF DEATH (Enter only one couse per line forto), (b), and (c).)

> Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL

20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH.

20d INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour o.m. foctory, street, office bldg., etc.) While Not While

19 of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy

death resulted frame Natural causes Accident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER

SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county)

BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY May 13-1967

Jessop Cemetery

2Sa. REC'D BY REGISTRAR

Jessop. Meryland 25b. REGISTRAR'S SIGNATURE

(County)

Inquiry

Undetermined manner

23d. LOCATION (City or Town)

06576

e IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

WAS AUTOPS Y PERFORMED?

and in my apinian

22. DATE SIGNED

(Stote)

NO

(Stote)

DNSET AND DEA

Year

NO [

YES

Doy

12. CITIZEN OF WHAT

IF UNDER 1

Months

VR A15ME (5 6M 1/66

may be retoined for your FUNERAL DIRECTOR: Poge

5 may be r ro FUNERAL Health or if

burial-transit

0

10

cremotion,

burial, used

0 pe

prior 3 should

its designated ogent,

pe

Word

4 should

Page

the funeral directar.

This certificate should

EXAMINER:

242 JUNERAL DIRECTOR Simmons Bros. -1661-Good Hope Rd SE Wash DC

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o)

DUF TO

Inspection

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06593 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F	Residence before admission)
Charles MARYLAND	a. STATE Maryland b. COUNTY (	Charles
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	
La Plata	Bel Alton	28.7
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
Physicians Memorial Hosp.		YES ND
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) HOMAS ADRIAN N	MURPHY DEATH May 30	1967
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER last birthday)   Months	Days   Hours   Min.
Male W WIDOWED DIVORCED	May 9.1927 40 yrs.	Days Hours Mills
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT
during most of working life, even if retired)  Chauffer  State Roads		OUNTRY?
13. FATHER'S NAME	Charles Co. Md.   I	JOA
Dola E. Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
No   215-26-0018  Be	etty Mae Murphy, Bel Alton,	14d.
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).]	( + 100	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	No al. Heduis	ONSET AND DEATH
DUE TO A	1 1 1	2 1
Conditions If any which \	Jaraha W Vanca	1 days
gave rise to immediate		
underlying appealant		
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
		PERFORMED?
COS ACCIDENT WAS UNDERLYING ED.   COS. DECORDER HOW INJURY COOL	IDDED. (Fator nature of labors in Book I or Book II of Hom 16	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18	0.)
9 facto	CE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
Hour a.m.  p.m.  19   While   Not While   factor   factor	,	
21. I certify that (I) (this hospital) attended the deceased from	MAy 29, 1907 to MAy 30, 196	1, that (I) (we) last
	t death occurred at 130 M, from the causes and on t	
22a. SIGNATURE		DATE SIGNED
I de la la terra	D. PHYS. DIRECTOR PHYS.	6/1/47
22c. PHYSICIAN'S M.E	D. PHYS. DIRECTOR PHYS.	1114
NAME (Type) TRIARO M MONTERO M.	M to plate (T).	
23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or co	ounty) (State)
DEMOVAL (Specify)	-	
Burial June 2,1967 Sacred Hear	1 25a. REC'D BY REGISTRAR   25b. REGISTRAR	
Arehart Funeral Home Inc., La Plata	, Md.   DATEJUN 5 1967 Sellen	las Judge

THE RESERVED TO SELECTION OF THE PARTY OF TH as the manner of the control of the Q (11) (11) •\_\_\_\_\_\_ · Lynn San a Missis Base you've of Sease-DESTRUCTION OF THE SECTION OF THE SE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06507

	JULI	7				11/12/01/11/12	
1.	PLACE OF DEAT	H		2. USUAL RESIDE		f institution: Residence before admis	ssion)
	a. CDUNTY	rles		a. STATE		YTNUO	
_		/N (if outside corporate lin	MARYLA nits.   c. LENGTH OF STAY	An an indicate and a second and		rles , write RURAL and give nearest to	(awa)
	_ write RURAL	and give nearest town)	C. ELIGITION STATE			, write House and Bite nearest to	,
		Road Md			Road Md	23-/	
	d. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital, give street add	d. STREET ADDRES	SS	e. IS RESIDE ON A FAR	ENCE I
						YES NO	
3.	NAME DF	First	Middle	Last		onth Day Year	
	(Type or print)	acy N.Oldham			OF DEATH 5-13-	-1967 19	
5.	SEX	6. COLOR OR RACE   7 M	MARRIED NEVER MARRIED	1 8. DATE OF BIRTH	19. AGE (In ye	ars LIF UNDER 1 YEAR ILF UNDER 24	HRS.
Fe	emale	W-IIS	35		last birthd		Min.
10.	HOUSE COOLING		IDOWED DIVORCED	1-13-1903	64 64 yr		
dur	ing most of work	FION (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(County & State, or foreign con	COUNTRY?	
	ousewif	*	At Home	ureensbo	ro N.C.	USA	
13.	FATHER'S NAM	IE .		14. MOTHER'S MA	AIDEN NAME		
	JES	STE HILL			UNKOWN)		
15	. WAS DECEASED	EVER INU.S. ARMED FORCES	3?   16. SOCIAL SECURITY NO.	17. INFORMANT	Ad	dress	
{ Y 0	No No	( If yes give war or dates of serv	579-202737	Inll v old	ham-Husband ,	Brunne Doed and	
_		DESTRUCTION OF THE PROPERTY OF	7.		nam-nasbana 1		
			use per line for (a), (b), and (c).			INTERVAL BETWE	ATH
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Mamanama Ass	Taras Mas	sive	Immedia	+-
		HAMMEDIATE CHOSE (9)	COLOURLY NGG	11121011 4400	DIVO		LLE
	420	/	Coronary Occ	TUBION ****	0110		
	Conditions, If	DUE TO any, which )		1001011	0110	Indefinite	
	Conditions, If gave rise to	any, which immediate (b)_	Arterio Sclen	1001011	011		
	Conditions, If gave rise to cause (a), s	any, which immediate tating the DUE TO	Arterio Scler	osis	<u>51</u> vo	Indefinite	
NO	Conditions, If gave rise to cause (a), s underlying cause	any, which immediate tating the least.	Arterio Sclen	cosis		Indefinite Indefinite	
ATION	Conditions, If gave rise to cause (a), s underlying cause	any, which immediate tating the least.	Arterio Scler	cosis		Indefinite Indefinite NINPARTI(a) 19. WAS AUTOR PERFORME	PSY D?
FICATION	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER S	any, which immediate tating the se last. (b)_ SIGNIFICANT CONDITIONS C	Arterio Sclen	OSIS  RELATED TO THE TERMINA	IL DISEASE CONDITION GIVE	Indefinite  Indefinite  NINPART 1(a)  19. WAS AUTOR PERFORMER YES \( \subseteq \) NO	PSY
CERTIFICATION	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:	any, which immediate tating the least.	Arterio Sclen	OSIS  RELATED TO THE TERMINA		Indefinite  Indefinite  NINPART 1(a)  19. WAS AUTOR PERFORMER YES \( \subseteq \) NO	PSY :D?
	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:	any, which immediate tating the se last. (c)_ SIGNIFICANT CONDITIONS C	Arterio Sclen  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature	of Injury In Part I or Part	Indefinite  Indefinite  Indefinite  NINPARTI(a)   19. WAS AUTON PERFORMEN YES   NO	PSY D?
	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF Hour a.i.	any, which immediate tating the se last. (b) DUE TO DUE TO Co. SIGNIFICANT CONDITIONS CO. WAS UNDERLYING CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Day, Year n.	Arterio Sclen  Aging process ONTRIBUTING TO DEATH BUT NO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED 200 While Not While	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature	of Injury In Part I or Part	Indefinite  Indefinite  Indefinite  NINPARTI(a)   19. WAS AUTON PERFORMEN YES   NO	PSY D?
MEDICAL CERTIFICATION	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF Hour a.i. p.	DUE TO  any, which immediate tating the se last.  SIGNIFICANT CONDITIONS COMMAS UNDERLYING CAUSE OF DEATH TIFY MEDICAL EXAMINER)  INJURY Month, Day, Year n. 19	Arterio Scler  Aging process ONTRIBUTING TO DEATH BUT NO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED 200 While Not While at work at work	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature)  PLACE OF INJURY (Home factory, street, office bidg.	of Injury In Part I or Part  of Arm, 20f. (City or town, etc.)	Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTOF PERFORME   YES   NO   NO   NO   NO   NO   NO   NO   N	PSY id?
	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT! (IF EITHER, NO 2DC. TIME OF Hour a.i. p.)	DUE TO any, which immediate tating the last.  SIGNIFICANT CONDITIONS CO  WAS UNDERLYING CAUSE OF DEATH ITIFY MEDICAL EXAMINER) INJURY Month, Day, Year m.  19  Ty that (I) (this hospital)	Arterio Sclen  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED   200 While at work at work at tended the deceased from	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature)  PLACE OF INJURY (Home factory, street, office bidg.	of Injury In Part I or Part  farm, 20f. (City or town, etc.)  19, to 5—13—6	Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTOF PERFORME   YES   NO  II of Item 18.)  (County) (State   19. WAS AUTOF PERFORME   YES   NO  II of Item 18.)	PSY (D?
	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO LIME OF Hour a.f. p.)  21. I certificate the cause of the	DUE TO  any, which immediate tating the se last.  CO_ SIGNIFICANT CONDITIONS CO  WAS UNDERLYING CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Day, Year n. 19 Ty that (I) (this hospital) Ceased alive of the conditions of th	Arterio Sclen  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED   200 While at work at work at tended the deceased from	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature)  PLACE OF INJURY (Home factory, street, office bidg.	of Injury In Part I or Part  farm, 20f. (City or town, etc.)  19, to 5—13—6	Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTON PERFORME   YES   NO  II of Item 18.)  (County) (State   19. WAS AUTON PERFORME   YES   NO  II of Item 18.)	PSY (D?
	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT! (IF EITHER, NO 2DC. TIME OF Hour a.i. p.)	DUE TO  any, which immediate tating the se last.  CO_ SIGNIFICANT CONDITIONS CO  WAS UNDERLYING CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Day, Year n. 19 Ty that (I) (this hospital) Ceased alive of the conditions of th	Arterio Scler  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED 20d While Not While at work at work at work at more 1967 19 , and	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature  PLACE OF INJURY (Home factory, street, office bldg.  12–5–1964, I that death occurred a	of Injury In Part I or Part  farm, 20f. (City or town, etc.)  19, to 5-13-6  15 P.M, from the cause	Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTOF PERFORME   YES   NO  II of Item 18.)  (County) (State   19. WAS AUTOF PERFORME   YES   NO  II of Item 18.)	PSY (D?
	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 2Dc. TIME OF Hour a.r. p.).  21. I certify saw the de 22a. SIGNATOR CAUSE TO THE CONTRIBUT (IF EITHER, NO 2Dc. TIME OF Hour a.r. p.).	DUE TO any, which immediate tating the se last.  C)  WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)  INJURY Month, Day, Year n.  19  Ty that (I) (this hospital) ceased alive on  RE	Arterio Scler  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED 20d While Not While at work at work at work at more 1967 19 , and	COSIS  FRELATED TO THE TERMINA  OCCURRED. (Enter nature  PLACE OF INJURY (Home factory, street, office bidg.  1 that death occurred at the death occurred	of Injury In Part I or Part  farm, 20f. (City or town, etc.)  19, tp.5-13-6  15_M, from the cause  MED. STAFF DIRECTOR PHYS.	Indefinite  Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTON PERFORME! YES   NO  II of Item 18.)  (County) (State  7, 19, that (I) (we) ses and on the date stated ab	PSY (D?
	Conditions, If gave rise to cause (a), s underlying caus PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT! (IF EITHER, NO 2DC. TIME OF Hour a.i. p.)  21. I certif saw the de 22a. SIGNATO	DUE TO any, which immediate tating the se last.  CC)  SIGNIFICANT CONDITIONS CO  WAS UNDERLYING CAUSE OF DEATH TIFY MEDICAL EXAMINER)  INJURY Month, Day, Year m.  19  Ty that (I) (this hospital) Geased alive on  RE	Arterio Sclen  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED   200 While   Not While   at work   at work   at work   at tended the deceased from 1967   19   and 19	COSIS  FRELATED TO THE TERMINA  OCCURRED. (Enter nature  PLACE OF INJURY (Home factory, street, office bidg.  1 that death occurred at the death occurred	of Injury In Part I or Part  farm, 20f. (City or town  19 , to 5–13–6  15 P M, from the cause	Indefinite  Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTON PERFORME! YES   NO  II of Item 18.)  (County) (State  7, 19, that (I) (we) ses and on the date stated ab	PSY (D?
	Conditions, If gave rise to cause (a), s underlying caus PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT! (IF EITHER, NO 2DC. TIME OF Hour a.i. p.)  21. I certif saw the de 22a. SIGNATO	DUE TO any, which immediate tating the se last.  CC)  SIGNIFICANT CONDITIONS CO  WAS UNDERLYING CAUSE OF DEATH TIFY MEDICAL EXAMINER)  INJURY Month, Day, Year m.  19  Ty that (I) (this hospital) Geased alive on  RE	Arterio Scler  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED 20d While Not While at work at work at work at more 1967 19 , and	COSIS  FRELATED TO THE TERMINA  OCCURRED. (Enter nature  PLACE OF INJURY (Home factory, street, office bidg.  1 that death occurred at the death occurred	of Injury In Part I or Part  farm, 20f. (City or town, etc.)  19, tp.5-13-6  15_M, from the cause  MED. STAFF DIRECTOR PHYS.	Indefinite  Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTON PERFORME! YES   NO  II of Item 18.)  (County) (State  7, 19, that (I) (we) ses and on the date stated ab	PSY (D?
	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 2DC. TIME OF Hour a.r. p./ 21. I certificate the cause of	DUE TO any, which immediate tating the se last.  (c) DUE TO DUE TO DUE TO COLUMN TO DUE TO DU	Arterio Scler  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED 20d While Not While at work Not While at work at work at the deceased from 1967 19 , and drews	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature  P. PLACE OF INJURY (Home factory, street, office bidg.  12–5–1964,  I that death occurred and the control of the co	of Injury In Part I or Part  farm, 20f. (City or town, etc.)  19, tp.5-13-6  15_M, from the cause  MED. STAFF DIRECTOR PHYS.	Indefinite  Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTOR PERFORMER YES   NO  II of Item 18.)  (County) (State  II of Item 18.)  (County) (State  II of Item 18.)  Description of the date stated about t	te)
MEDICAL	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 2Dc. TIME OF Hour a.e. p.).  21. I certify saw the de 22a. SIGNAME (T.).  BURIAL, CREM REMOVAL (Sp.).	DUE TO any, which immediate tating the se last.  WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Day, Year m.  19 by that (I) (this hospital) ceased alive of the control of the c	Arterio Sclen  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED   20d While   Not While   at work   at work   at work   attended the deceased from the d	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature  PLACE OF INJURY (Home factory, street, office bidg.  1 that death occurred and the phys.  ATTENDING PHYS.  22d. ADDRESS  Indi  ETERY OR CREMATORY	of Injury In Part I or Part  farm, 20f. (City or town, etc.)  19 , to 5-13-6  15 M, from the cause  MED. STAFF DIRECTOR STAFF DIRECTOR PHYS.  1 1 132 A docarrbn (Cit	Indefinite  Indefinite  Indefinite  NINPART 1(a)   19. WAS AUTON PERFORME   YES   NO  II of Item 18.)  (County) (State   22b. DATE SIGNED   5-14-1967  Indefinite	resy in the last bove.
MEDICAL	Conditions, If gave rise to cause (a), s underlying cause PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 2Dc. TIME OF Hour a.e. p.).  21. I certify saw the de 22a. SIGNAME (T.).  BURIAL, CREM REMOVAL (Sp.).	DUE TO any, which immediate tating the se last.  (c) DUE TO DUE TO DUE TO COLUMN DUE TO COLUMN DUE TO DUE T	Arterio Sclen  Aging process ONTRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED   20d While   Not While   at work   at work   at work   attended the deceased from   1967   19   and   and   attended   attende	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature  PLACE OF INJURY (Home factory, street, office bldg.  12-5-1964,  I that death occurred and the person of the perso	of Injury In Part I or Part  farm, 20f. (City or town  19, to 5-13-6;  15PM, from the cause  MED. STAFF  DIRECTOR PHYS.  1ndian riead w  Sanfo	Indefinite  Indefinite  Indefinite  Indefinite  NINPART 1(a)	resy in the last bove.
WEDICAL MEDICAL	Conditions, If gave rise to cause (a), s underlying caus PART II. OTHER:  20a. ACCIDENT OR CONTRIBUT! (IF EITHER, NO 2DC. TIME OF Hour a.t. p.!  21. I certif saw the de 22a. SIGNATO NAME (T. NAME (T. REMOVAL (SP. REMOVAL (SP.	DUE TO any, which immediate tating the se last.  WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER) INJURY Month, Day, Year m.  19 by that (I) (this hospital) ceased alive of the control of the c	Aging process on TRIBUTING TO DEATH BUTNO  20b. DESCRIBE HOW INJURY  20d. INJURY OCCURRED   20d. While at work	COSIS  RELATED TO THE TERMINA  OCCURRED. (Enter nature  PLACE OF INJURY (Home factory, street, office bldg.  12-5-1964,  I that death occurred and the person of the perso	of Injury In Part I or Part  farm, 20f. (City or town  19 , to 5-13-6;  15PM, from the cause  MED. STAFF  DIRECTOR PHYS.  Andian Head M  Can Correct By REGISTRAR 25b.	Indefinite  Indefinite  Indefinite  Indefinite  NINPARTI(a)   19. WAS AUTOR PERFORMER YES   NO  II of Item 18.)  (County) (State  7	resy in the last bove.

the beat in the comment of the comme AND SERVICE CONTRACTOR OF STREET The transfer of the second of T = 1-1 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. CQUNTY STATE Charles Maryland Charles MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) may Indian Head Md Depart Indian Head e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? River View Apts Indian Head Md Page Page State hours NO X YES EXAMINER: This certificate should be executed within 24 hours after death. If any delicertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and iould be forwarded to the Chief Medical Examiner's Office along with form PM3. NAME OF Year DATE Elizabeth Ann Patterson Last 12 the DECEASED OF 5-25-67 DEATH (Type or print) 19 2 with within 9./ AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIEO Months Days Hours Female Negro WIDOWEO X DIVORCEO and event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KINO OF BUSINESS OR INOUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? Laborer Indian Head Md USA pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hawkins Eliza Milburn File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 578-44-7116 M. Jones -Sister Mary permit. removal, View Apts Indian Head Md No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] onset and OEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). burial-transit Congestive Heart Failure DUE TO Indefinite Malnutrition Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the Indefinite CO Malignancy-Lower lip with Metastesis underlying cause last. used as to burial PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

This patient was operated on at John Hopkins Hosp for 19. WAS AUTOPSY CERTIFICATION PERFORMEO? should be forwarded to the NO X YES | lin August 11St. 1966 INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) of tine 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 3 should bagent, pric CAUSE OF DEATH. CAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page . designated a at work \_\_\_ at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry DIRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER for your execute Page 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 5-25-1967 0 FUNERAL I DEPUTY MEDICAL EXAMINER IV NAME (Type) James retained E. Andrews Indian Head director. Address (Street, city, town, or county) 23C NAME OF CEMELERY OR CREMATORY 23d. -LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. OATE THEREOF 00 REC'O BY REGISTRAR 25a. 256. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR ADDRES 24. VR ALSME (5) 1/65

80 = FOOI-12-6 AND SOME BUILDINGS and the result of the result of the results of the of the production and the state of the same of the sam r tok gunt malitan, urat in an in hormony have include with Company of the Compan

## FOR STATE HEALTH DEPT.

cessary, funeral may be and I with the State Department event within 72 hours after death. O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages of Health or its designated agent, prior to burial, cremation, or removal, and in any TO DEPUTY MED please execute

VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TO STATISTICAL EVALUATION OF DEATH

TO STATISTICAL EVALUATION OF DEATH

116596 MEDICAL EXAMINER 3	CERTIFICATE OF DEATH
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY	a. STATE MD. b. CDUNTY CHARLES
b. CITY OR TDWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporete limits, write RURAL and give nearest town)
LA PLATA	DRYANS KOAD
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE DN A FARM?
PHYSICIANS MEMORIAL HOSP.	RTI BOXI3C YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LINDA LOUK	EDDEN DEATH 5 20 1961
5. SEX   6. COLDR OR RACE   7. MARRIED   NEVER MARRIED	8 DATE DE RIPTH 19 AGE (In years   IFIINDER 1 YEAR   IFIINDER 24 ARS.
Comment of the support of the suppor	last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND DF BUSINESS DR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	CDUNTRY?
STUDENT HIGH SCHOOL	INASH, D.C. I J.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SUMMERS E. KEDDEN	DELLA M. MC GUIRE
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SDCIAL SECURITY ND.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address
(11 yes give war or dates of service) 15-54-6620 51	IMMERS KENDEN BRYANS KOAD, MO
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b); and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	at rower near
DUE TO	allest 0-2
Conditions, If any, which (b)	- Coule 20
gave rise to immediate cause (a), stating the DUE TO	67
underlying cause last. (c)	aciflia /
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TAN THE STATE OF T	PERFORMED? YES NO
OD EVTERNAL CALLEE WAS LOOK STRONGE HOW INITIAL COOL	RRED, (Enter nature of injury in Part J or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE  20a. EXTERNAL CAUSE WAS PRIMARY 17 OF CONTRIBUTING CAUSE OF DEATH.  20b. JESCRIBE HOW INJURY OCCU	The and wat My auto and the most
	CC OF INJURY (Home, ferm,   20% (City or town) (Codnty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor et work 19 et work	ory, street, office bidg., etc.)
p.m. 5/ 19 et work et work	U - Divanska Cozas
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection Inquiry and in my opinion
	icide . Homicide . Undetermined manner
6/17	CHIEF MEDICAL EXAMINER
ACTUAL 1 . X Calley	22. DATE SIGNED
SIGNATURE CONTRACTOR SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S E/FJ. EDELEN, LAPLATA	7. Maderess (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
REMOVAL (Specify) 5-22-67 TRINITY	MEMORIAL WALDERF, MD.
24. FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Ihrary Francon dome Warrant	MD was an and all a a
MONI I CHEKAL MONIE, MALDORF,	1 D DATELY OF 1967 Charles Indee

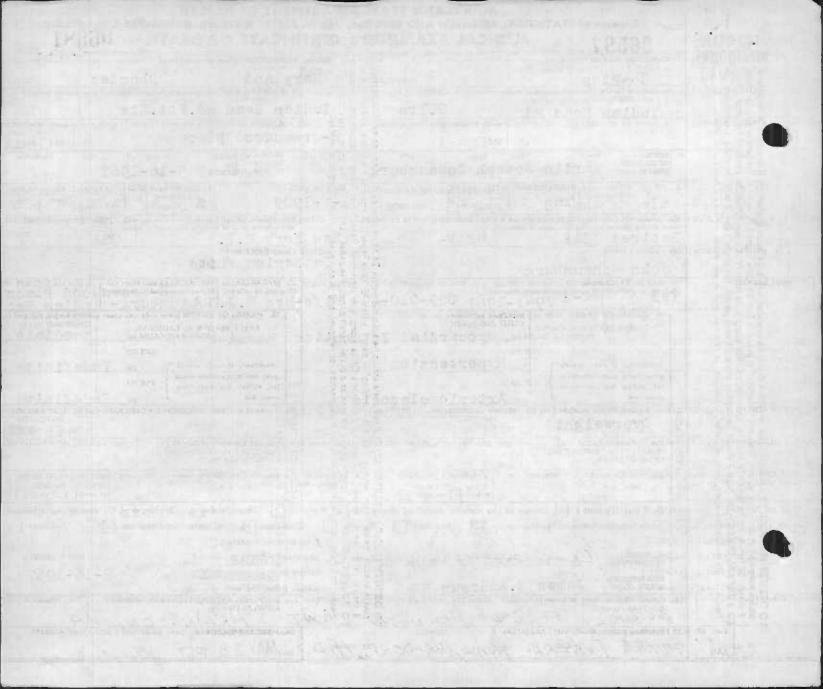
NAME OF TAXABLE PARTIES OF THE PARTY OF THE CHARLES - CONTRA DENNE READ 44 1/41 8 Paysignar Memorias Hosp RTI BOXIBC 13 25 2 E rough not want Femm & 1944 17 STUDENT HON SCHOOL WASH, D.C. 1.5.0 SUMMERS E. KEDDEN DELLA M. MC GLIDE KO CHARACTER ROLLINGERS ROLLINGER KORD MINE TOTAL SE TRANSPERSE Carried Store Ruter acceptude I returned Fine to at his patience there The second of the second The state of the s 12 Lord FORTH STEEL GATTER MAY PROPERTY WALLOW F. 1973. The street of the same the west street and the same and the same street and the same s

FOR STATE TO DEPUTY MACCAL EXAMINER: This certificate should be executed within 24 hours after death. If any decay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1. and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

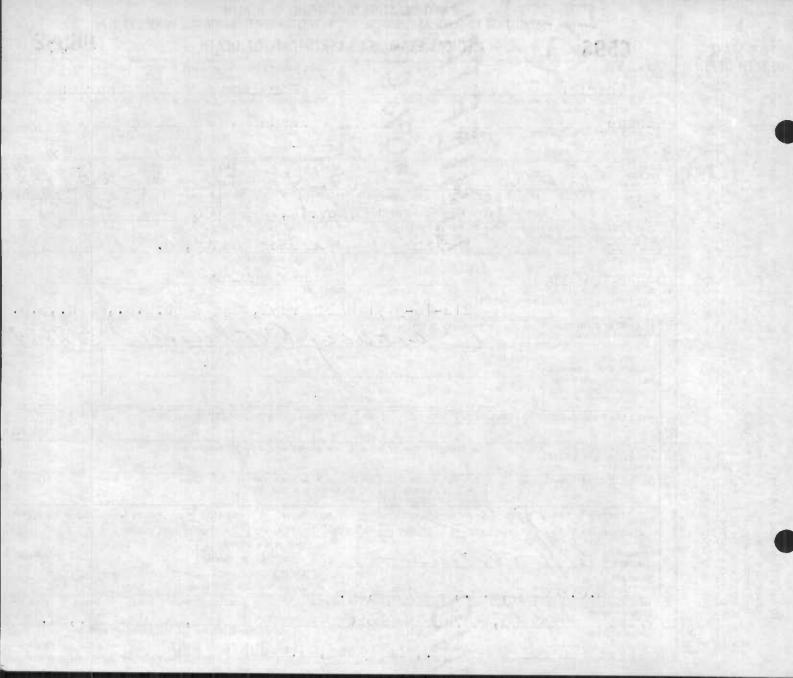
10659	7 MED	DICAL EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	1110	ING	
1. PLACE OF DEA a. COUNTY	TH			2. USUAL RESIDEN	·	acaased lived, If		lance before	• dmission
Charl		MARYL		Marylar		C	harles		
write RURAL a	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	If outside corp	orala limits, writ	e RURAL and giv	ra naarest to	wn)
	Head Md	20Yrs		Indian H	Head M	d.Pot.	Hts	081	/
d. NAME OF HOS	SPITAL OR INSTITUTION (if r	not in hospital, give street address	is)	8-Greenwo		ace			A FARM?
3. NAME OF	First	Middle		Last	4. DATE	Mont	h De		-
		ph Schaumbur	-		OF DEATH		-1967	19	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	☐ B.	DATE OF BIRTH	9		IF UNDER 1 YEA		
Male	W-US	WIDOWED DIVORCED		1-7-1909		Sast biobday)	Months Days	Hours	Min.
10a. USUAL OCCUP	ATION (Giva kind of work	106. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State	or foreign so	uniry)	12. CITIZEN	OF WHAT	COUNTRY
Retired	working life, avan if relired)	USAF-		New York	N V		USA		
13. FATHER'S NAME		I UDAL-	1.1	4. MOTHER'S MAIDEN			AGU		
	haumburg			Catherin	ie Whb	te			
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.	. 17. IN	FORMANT		Address			
(Yes no or unkown)	Www.sizawarordalasofsorv	(ico) 1063 089-010-	400	Wife-Mrs	MTC	8-	Greenw		lace
1 18. CAUSE OF		buse per lina for (a), (b), and (c).	「フフ	MITTE-MIR	11.0.0	chaumb		ndian NTERVAL BE	Hea
	ATH WAS CAUSED BY						10	DISET AND	DEATH
1,72,31	IMMEDIATE CAUSE (a)	Myocardial I	nfar	ction Ma	ssive		I	nmedi	ate
4201	DUE TO								
	Conditions, if any, which \ (b) Hypertension Indefinite								
gava rise to imme (e), stetling tha	DITE TO								
eause last.	A	rteriosclero	1010				The	defin	ite
Z PART II. OTH		ONS CONTRIBUTING TO DEATH		RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV			AUTOPSY
5 Overw	eikht								DRMED?
200 FYTERNAL	CALISE WAS 1 201	DESCRIBE HOW INTITION OCC	110050 /6	nter pature of injury in I	Part I or Part II	of item 18 )		YES	NOCK
PRIMARY Or	OB. EXTERNAL CAUSE WAS    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of itam 18.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part I								
Z 20c. TIME OF IN	JURY Month, Day, Year	20d. INJURY OCCURRED   2		OF INJURY (Home, fare		or town)	(County)		(State)
20c. TIME OF IN		While Not While	factory	y, street, office bldg., alc	.)				40.0.0,
		et work at work	1 1 1						
		the remains described abo	ve, held	en Autopsy,	Inspection	Aut	. Alred	d in my c	pinion
death resulted	from: Natural ceus	ses XX. Accident	Suicide	e, Homicide	Un Un	determined m	anner		
	1 5	1 82		CHIEF MEDICAL	EXAMINER [				
SIGNATURE	anne	Lidere	سعد	ASSISTANT MED	ICAL EXAMIN	ER		DATE SIG	SNED
				DEPUTY MEDICA	L EXAMINER	XIX	5-	16-19	67
NAME (Type)		indrews MD		Address (Streat,	city, town, or	county)	<i></i>	10-19	01
22a. BURIAL, CREMAT	TON, 22b. DATE THEREOF	22c. NAME OF CEMET	TERY OR C	REMATORY	22d. LOCA	TION (City, lown	, or sounty)	(Ste	te)
BURIA DIPECT	2-19-	67 HRLINGTO	ON	IVAT.	HRL	INGTE	DN, V	A.	
HILAUTT	Emson d	ADDRESS	1	MA		RAR 24b. REG		TORE	
TIVIVII	ONCKHE 9	HOME, WHILDOR	1/	MD. DATMA	1122	1967	Charle	0	

VR A15ME 5M 1/63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		06598 ME	EDICAL EXAMINER'S	CERTIFICATE OF DEATH	Skeen
HEALTH DEPT.)		LACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution	
s o a to	(	Charles	MARYLAND	o. STATE b. COUNTY  Maryland	Charles
eloy in d 3 to a second in Page		CITY OR TOWN (If outside corporote limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IT outside corporate limits, write RURA	
del and M3.		write RURAL and give nearest tawn)		Tana	19.1
Po Po	<u> </u>	LSSUE  NAME OF HOSPITAL OR INSTITUTION (If not in hospital	ol give street address)	d. STREET ADDRESS	l e. IS RESIDENCE
0		. HAME OF TOO THE ON MOST OF THE MOST IN MOST	or, give street dadress,	d. Singer no breas	ON A FARM?
Pages Pages with for e State	-	Luc or	AA:1D		YES NO [
ofter death. If 8. Give Pages 1 olang with form with the State D within 72 hours		IAME OF First	Middle	S / Lost 4. DATE Month	The second
8. Give Polang with the within the	_	Type or print)	Andrew	DEATH DE CONTU	IF UNDER 1 YEAR 1 IF UNDER 24 HR
offe olar with	S. 3	N	THE TEXT INTERNIES	8. DATE OF BIRTH 9. AGE (In years   last birthdoy)	Months Doys Hours Min.
		WIDOW		Nov. 14, 1912 54 yrs.	
hours tem 1 Office ond 2 event			. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
s s s	I	armer	Farming	Charles County, Md.	COUNTRY?
hin 24 ncil in niner's poges in any	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	F	ichard Slye		Annie Butler	
	10	WAS DESTACED OVER IN U.C. ADMED CODSES	16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
g ical ical	(Уе	, ng. orunknown) (If yes give war or dotes of service)	212-16-3191 Hi	ilda Peel, 1246 E st.N.	E. Wash D.C.
ate should be executed g the ward "pending" in set to the Chief Medical E a burial-transit permit. F cremation, or removal, o		18. CAUSE OF DEATH (Enter only one cause per line,		6)	/ INTERVAL BETWEEN
be e "per lief / Insit		PART I. DEATH WAS CAUSED BY:	proud	Cre Ochlesson	ONSET AND DEATH,
should be neward "pe a the Chief burial-transit mation, or m		11201 IMMEDIATE CAUSE (o)	77000		
should e ward a the C ourial-tr nation,		Conditions if any which gove >	/		
he he ta bu bu		rise ta immediate couse (o), DUE TO		/	
ficate ting th rded t as a l ol, crer		stoting the underlying cause (c)			
writing writing orwarded used as buriol, c			IG TO DEATH BUT NOT PELATED TO I	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
0 50	8	TAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO TO DEATH BUT NOT KEENED TO T	THE PERMITAL DISEASE CONDITION STREET IN TAKE 1(0)	PERFORMED?
his pe pe to to	CERTIFICATION	20o. EXTERNAL CAUSE WAS 20b	DESCRIBE HOW INTURY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)	7E3 NO _
	ERTII	PRIMARY ☐ or CONTRIBUTING ☐	. DESCRIBE HOW INJURY OCCURRED.	(ciner notice of injury in Port ) of Port in or nett (o.)	
		CAUSE OF DEATH.	J. INHIDY OCCUPATED	CE OF INHIBY (Home form 206 (Fib. or town)	(County) (State)
AMINER  The cer  4 shou  The ser  Graph of the ser  A shou  A	MEDICAL	The state of the s		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	(County) (State)
00000	M	p.m. 19 at v	work at work		
IEC. AL EX idse execut irector. Pog ained far y IRECTOR: Pl designoted		21. I certify that I took charge of the	remoins described obove, he	ld on Autopsy 🔲, Inspection 💆, Inquir	ry ond in my opini
MECTAL lease exertained far birector. P birector contained far contained		deoth resulted from Notural causes	Accident , Suici	ide 🔲, Hamicide 🔲, Undetermined mo	nner 🗌
ase		1000	2	CHIEF MEDICAL EXAMINER	
ple d d its		ACTUAL SIGNATURE	len	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
UTY, Iny, erg be be or		EXAMINER'S		DEPUTY MEDICAL EXAMINER	[ 7/1/m
DEPUTY ecessary, p ne funeral may be n FUNERAL eolth or it		NAME (Type) E. J. EDELEN M. D.	.,La Plata,Md.	Address (Street, city, tawn, or county)	N 63-60/
necessary, the funera 5 may be ro FUNERAL Health or	230	BURIAL CREMATION.   23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town	n) (County) (Stote)
E P	E	REMOVAL (Specify) May 30,196	67 Holy Ghost	Issue, Charl	
VP ALTHE (E.C.)	24	FUNERAL DIRECTOR	ADDRESS		STRAR'S SIGNATURE
VR A15ME (5)	P	rehart Funeral Home	Inc., La Plat	ta, Md DATE JUN 1 1967 /	Charles Judges

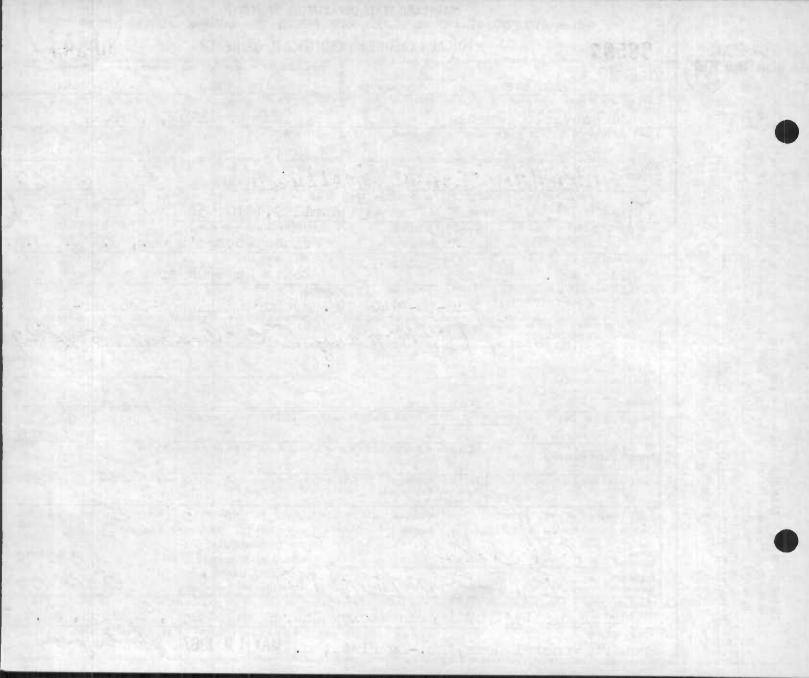


VR A15ME (\$)

### MARYLAND STATE DEPARTMENT OF HEALTH

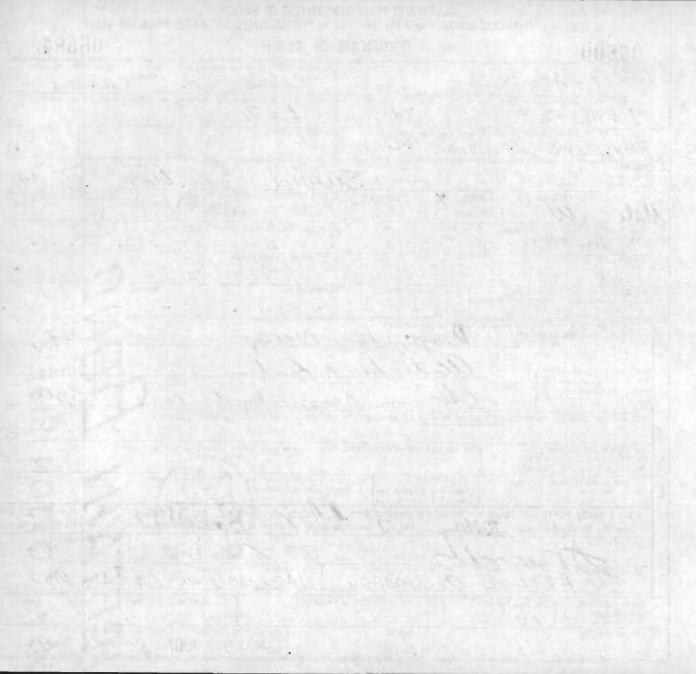
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06593 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	06583					
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	idence befare admission)					
	a. COUNTY Charles MARYLAND	a. STATE Maryland b. COUNTY	Charles					
	b. CITY OR TDWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and						
	Hughesville (Rural)	Hughesvible, (Ru	ral)					
	d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A EARM?					
			YES A ND					
	NAME OF DECEASED (Type or print) ABRAHAM IS AAC SI	MALLWOOD OF DEATH S	Day Year 15 1967					
S.	6. COLDR DR RACE 7. MARRIED NEVER MARRIED WIDDWED DIVDRCED	April 9,1910 50 birthday) Manti	DER 1 YEAR   IF UNDER 24 HRS. hs Days Hours Min.					
	a. USUAL OCCUPATION (Give kind of work done ring most of working life even if retired)  10b. KIND OF BUSINESS OR FUNDISTRY FAITHLE	Prince George's Co. M	duntry U. S.A.					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	George A. Smallwood	Betty Mc Grunder						
15.	100	. INFORMANT Address						
(16	es, na, artinknawn) (If yes give war ar dates af service) 220-16-9140	Mr. Arthur Smallwood-Bro	ther-La Plat					
	18. CAUSE OF DEATH (Enter only one cause per line far (0), (6), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  (b)  DUE TO  (c)	my Occlision	INTERVAL BRIWEEN ONSET AND DEATH					
ATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND 💢					
L CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	D. (Enter nature of injury in Part 1 ar Part 11 af item 18.)						
MEDICAL		PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	(County) (State)					
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion							
	death resulted fram a variate auses , Accident , Suicide , Hamicide , Undetermined manner							
	ACTUAL SACRES	CHIEF MEDICAL EXAMINER	22 DATE CICALED					
	SIGNATURE / CEREW	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED					
	EXAMINER'S NAME (Type)	Addies (Street, city, town, or county)	5-15,69					
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY D. 5/19/1967 John Wesl	ey Church Cemetery , Aqu	(County) (Store) asco, Md.					
24	4. FUNERAL DIRECTOR ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR						
	Arehart Funeral Home, Inc La Pla	ata, Md. DATE ALL SOI						



## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			06800	CER		OF DEATH		06584	
r death			LACE OF DEATH COUNTY CHARLES		MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARY	deceosed lived, if institute b. COUL	ion: Residence before admission) NTY CHARLES	_
haurs after in by the fu rs. Pages I hours after		t	CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RUI	RAL and give nearest town)	
24 sed	2	C	NAME OF HOSPITAL OR INSTITUTION (IF NO		PITAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	7
with with t, with		[	AME OF FIECEASED (U) UI	NCY ANDREW	56	Lost 4.	DATE OF MONE DEATH	th Doy Year Y 3 19 G7	_
ve ve		5. 5		7. MARRIEO NEVER MA WIOOWEO OIV		DATE OF BIRTH January 31,	9. AGE (In years 1 9 1 lost birthdoy) O yrs.	IF UNDER 1 YEAR   IF UNDER 24 HF   Months   Doys   Hours   Mir	-
		10o. duri	USUAL OCCUPATION (Give kind of work done g most of working life, even if, retired) PARMER (RETIRE)	INDUSTRY	or S	11. BIRTHPLACE (County & Sto Charles	County , 1	12. CITIZEN OF WHAT COUNTRY? S.A.	
phy en ovo		13.	Perry Swann				Ching		
ottending ottending permit. Th		1S. (Ye	WAS DECEASED EVER IN U.S. ARMEO FORCES? , no or unknown) (If yes give war or dotes	of service)	No. $\frac{17. \text{ IN}}{5 - 169}$	FORMANT 99 Ruth M.	Swann-Wi:	fe-La Plata,M	d.
the o			1B. CAUSE OF DEATH (Enter only one cal PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE	11	/	Collaga		INTERVAL BETWEEN ONSET AND CEATH	
uires th nysician gned by nrial-tra	7		Conditions, if ony, which gove	10 acute.	Mari	1 fail		36	
ding planding plandin			rise to immediate couse (a), stating the underlying couse lost.	(1) Chrom	i re	munty	destar	391-	
The love attention of attention of a transfer of a transfe	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO OFATH BUT NO	T RELATED TO TH	E TERMINAL OISEASE CONOITI	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMEO? YES NO	2
SICIAN spital c ertificat eed for t. af Her	200	L CERTIFICATION	20o. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	RY OCCURRED. (E	nter noture of injury in Port	I or Port II of item 1B.)		
VG PHY the ho er this of detach		MEDICAL	20c. TIME OF INJURY Month, Ooy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURREO While Not While at work ot work	foctor	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)	
TENDIN ined by OR: After auld be the Ste			21. I certify that (I) (this has saw the deceased alive an	spital) attended the decent	sed fram , and that	death occurred at	2), to SMA 200M, fram causes	and an the date stated abo	
be reto DIRECT ge 3 sh led with			220. SIGNATURE	dh.	M.O.	ATTENDING MED DIR	O. STAFF ECTOR PHYS.	22b. DATE SIGNED 5/3/1967	
SPITAL 4 moy IERAL or, po d be fi	/	00	22c. (PHYSICIAN'S ARTHO		CEMETERY OR CI	JARWOOD	23d. LOCATION (City or To	1 KATA, MD  (County) (Stote)	
Page 4 m TO FUNER. director,	2		BURIAL, CREMATION, REMOVAL (Specify)  FUNERAL DIRECTOR		st Chu	rch Cemeter	y Waysid		
VR A15 (4)	M	-	Arehart, Fineral			4		Charles Judge	



TO HISTORY OF THE PROPERTY OF THE PARTY OF T

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE		20001	1.	WED	ICAL EXAMINI	ER'S	ERTIFICATE O	IF DEAL	Н	0.6	585	
ALTH	RYI)		PLACE OF DEATH	Charles Co	ounty	MARYL	AND	2. USUAL RESIDENCE (Va. STATE Maryland	Where deceas	sed lived, if institu b. COU	tion: Residence before NTY Charles	re admissio	n)
P 3	e de		CITY OR TOWN (	f autside carparate limi	ts,	c. LENGTH OF STAY IN	1b	c. CITY DR TOWN (If at	itside carpara	ite limits, write RU	IRAL and give neare	st tawn)	
M3	T T		La Plata	l give nearest tawn)				Bel Alte	on			801	
2,7	ера		NAME OF HOSPIT	AL DR INSTITUTION (If r	nat in haspital, g	give street address)		d. STREET ADDRESS				e IS RESID	ENCE RM2
es 1, form	0 62		Ta Plata	Hospital				Box	165				NO 🗵
	3	3.	NAME OF		irst	Middle		Last	4. DATE	Man			
Give Pag ong with	all:		Type or print)	Clint	on		Τ	Colson	OF DEATH		5 15	19	6/
Giv		S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9	AGE (In years last birthday)	Manths Days	IF UNDER Haurs	24 HRS Min.
000	2 w		Male	Negro	WIDOWED	DIVORCED	01/	0-15-19	02	64 yrs.	Mullins Days	Hauts	PVIII1.
Item 18	dec			(Give kind of work dan		ND DF BUSINESS DR		11. BIRTHPLACE (State	ar fareign c	ountry)	12 CITIZEN C		
s o	s 1 c	duri	ng mast of working		PLA	BUSTRY	3	MARY	LAN	D	COUNTRY	S. A.	
cil i	pages urs afte	13.	FATHER'S NAME	1				14. MOTHER'S MAIDEN	NAME				
pencil	le pa		GEE	ORGE	TO 25	ON	- 1	CAROL	LINE	5			
E E	il a			R IN U.S ARMED FORCES		SOCIAL SECURITY NO.	17. JN	IFDRMANT		Addı	ress		
nding" Medical		(16	s, na, ar unknawn)	(If yes give war ar dates	2/	8-12-9462	HE	ENRY TOI	SON	, WAL.	DORF,	MD	
Me			18. CAUSE OF DE	EATH (Enter only one co					7			TERVAL BET	
ief ief	burial-transit any event		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	E (a) Cere	bral injur	y and	d subdural	hemat	oma	o o	NOET AND D	EAIR
p o	l-tro		8161		E 10								
3 ₹	urial		Conditions, if any		(b)								
the the	9 =		stating the unde		E 10								
ing	as		last.	)	(c)								
te, write forwa	be used emovol,	CERTIFICATION			CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO TH	HE TERMINAL DISEASE CO	NDITI <b>DN</b> GIVI	EN IN PART I(a)	200	WAS AUTO PERFORME YES	DPSY ED? NO
fico	d b	TE	20a. EXTERNAL CA PRIMARY [3 or CO	USE WAS		ESCRIBE HOW INJURY OCC	,						
erti	ss. noul	E	CAUSE OF DEATH.	MINIBOTINO LI	D	river of a	uto-	auto-tract			llision		
sho	3 state	DICA	20c. TIME OF IN	LeΥ Manth, Day, Year		194-4		E OF INJURY (Hame, farr		(City ar tawn)	(Caunty)	(	State)
e t	age	WE	4:40 p.	5 15 <sub>19</sub>	67 While			street	La	Plata,	Charles,	Mary1	land
Pag	7. P. C.		21. I certif	y that I taak char	ge of the rer	mains described abo	ove, hele	d an Autopsy K	Inspecti	ion , Inq	juiry , on	d in my	opini o
ex ex	TO D		deoth result	ted from: Notu	rol couses	Accident X,	Suicio	de 🔲, Homicide	, U	Indetermined r	monner 🗌		
ase	IRE o bi		ACTUAL /			2		CHIEF MEDICAL	EXAMINER			00 0475	CICNE
di Pie	L D		SIGNATURE //	lesue 1	1. 2	~ (-		M.D. ASSISTANT MED				22. DATE	SIGNEL
ssary, funeral	FUNERAL FUNERAL lealth prior		EXAMINER'S NAME (Type)	Verner U. S	Spitz, 1	W.D. >		DEPUTY MEDIC Address (Stree			5/16/	67	
nece	O P Hea	230	BURIAL, CREMATII		HEREDF	23c. NAME DF CEMET			23d. LT	CATION (City or T	,	.,	tate)
	1		BEMDVAL (Specify		8-67	ST IEN	AT	1'05	The same of the sa		N, CHARI	65,11	D.
	15ME (5)	24	FUNERAL DIRECTO		11.	9 . /		A	D BY REGIST		REGISTRAR'S SIGNATI		
6M	1/67	1	VNTT	FUNERA	- Hon	K, WALDON	PF,	ID. DAVAY	29	1967 /	liarles &	noge	
								4	-	M	U	-	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

mission)
vn)
RESIDENCE N A FARM? NO
Year
19 67
JNDER 24 HRS.
ours Min. 2. 45
AT 143
I DETINGEN
AND DEATH
-
1
ALIVORON
S AUTOPSY FORMED? NO
(Stote)
(1) ( ) 1
(I) <del>(we)</del> las tated abave
67
(Stote)
Md.
42.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

and the state of t to the second of the second of

# M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carben papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

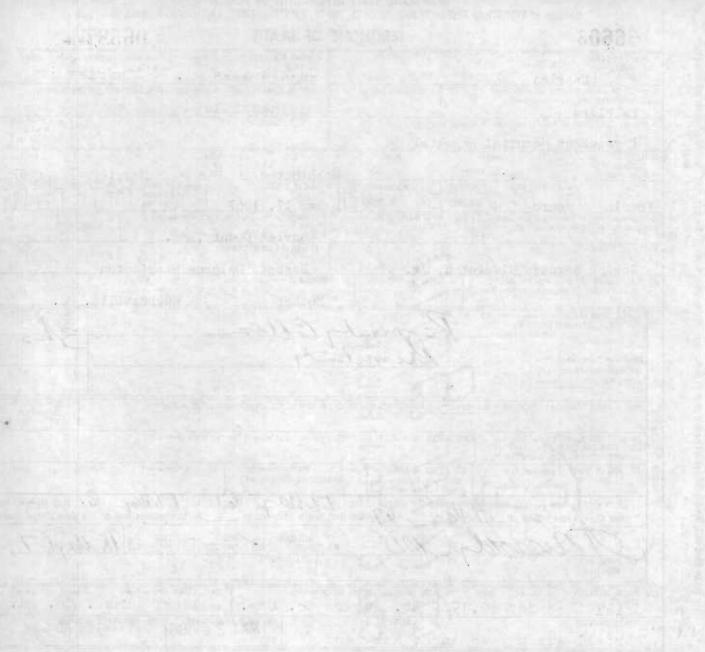
	06603		CERTIFICATE	OF DEATH	0658	7
	LACE OF DEATH	•	ALADVI AMD	2. USUAL RESIDENCE (V g. STATE HUEACSVI	where deceosed lived, if institution: Residently b. COUNTY b. Char:	nce before odmission)
ŀ	Char  CITY OR TOWN (If autsic write RURAL and give r	le carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and giv	ve nearest tawn)
(		NSTITUTION (If not in hospite		Hughesv d. STREET ADDRESS	111e	e. IS RESIDENCE ON A FARM?
		Memorial Hos				YES NO
[	NAME OF DECEASED Type or print)	First Baby "B"	Middle W	lost ashington	4. DATE Month OF DEATH May 17	Doγ Year 19 67
S. S		LOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IFUNDER lost birthdoy) Months 77	Doys Hours Min.
10o.	emale Nes USUAL OCCUPATION (Give In any most of working life, eve	and of work dane 10b	. KIND OF BUSINESS OR INDUSTRY	May 17, 196	& State, or foreign country) 12. C	ITIZEN OF WHAT
	FATHER'S NAME	in remedy	INDUSTRI	Charles Co	ounty, Md.	
		nard Middleto			Delores Washington	
	WAS DECEASED EVER IN U.S s, no, or unknown) (If yes	. ARMED FORCES? give wor ar dotes af service)	16. SOCIAL SECURITY NO. 17.	Mother	Address Hughesville	Md.
	PART I. DEATH WAS	nter anly ane couse per line CAUSED BY: MMEDIATE CAUSE (o)	for (0) (b), and (c).)	Collan	mughted viria	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO	Phemati	-G		7,00
	rise to immediate cous stating the underlying last.	e (o), ( DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Part II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Mo Hour a.m. p.m.	W		CE OF INJURY (Hame, form ary, street, affice bldg., etc.)		ounty) (Stote)
	21. I certify the saw the decease		ended the deceased from	t death accurred of		the dote stoted obave
	220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	modely	MD M.	D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF 22b. T	May 67
23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town) Waldorf Chas	(County) (Stote)
	FUNERAL DIRECTOR	May 19,19	967 St. Peters		BY REGISTRAP 25b. REGISTRAR'S	

DATE

Aquasco, Maryland

VR A15 (4) 20 M 1/66

Martell Adams



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon capers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	06604	CERTIFICATI	E OF DEATH		05588
1.	PLACE DF DEATH a. COUNTY	\$15000	2. USUAL RESIDENC	E (Where deceased lived, If inst	titution: Residence before admission)
	Charles	MARYLAND		ryland	" Charles
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wri	te RURAL and give nearest town)
	La Plata		N.	arburv	021
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Physicans remorial	Hospital			YES NO
3.	NAME DF DECEASED (Type or print)  FARINTE	MIddle MROE.	VeleH	4. DATE Month OF OEATH	2 2 1967
5.	SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 4 HRS.
	Temale White WIDOWED	DIVORCED	Feb. 18,1	893 74 yrs.	Months Days Hours Min.
10: du	a. USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House Wife	At Home	Nanjem		U.S.A.
13	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	Morgan L. Monroe		Maggie		
(Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 25, no, or unknown) (If yes give war or dates of service)		INFORMANT	Address	
	No		ír. Benjam	in Welch-Hus	band-marbury,
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (b).]	02:01	on Van	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	ero pur	37/6	-euxem;	H 1960
	DUE TO				
	Conditions, If any, which gave rise to Immediate (b)				
	cause (a), stating the DUE TO				1.725
NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISFASE CONDITION GIVEN IN F	PART 1(a) 119. WAS AUTOPSY
CERTIFICATION		THE TO SEATH DOT HOT KEEN	LE TO THE TERMITMED	TO DO CONDITION OF THE THE	PERFORMED? YES NO [X]
TIFIC	20a. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ICAL		NJURY OCCURRED   20e. PLAC	E OF INJURY (Home, far y, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
MEDI	Hour a.m. While p.m. 19 at work	Mot while	y, street, omcebiug., et		
	21. I certify that (I) (this hospital) attende	d the deceased from	, \$4	D, to 5-2:	2, 1962, that (I) (we) last
	saw the deceased alife on 5-2/	196/, and that	death occurred at	from the causes a	and on the date stated above.
	22a. SIGNATURE		ATTENDING -	MED. STAFF	22b. DATE SIGNED
	- De aller	M.D.	. PHYS.	DIRECTOR PHYS.	5/22/1967
	NAME (Type)	M D	22d. ADDRESS	Dlata Id	
238	E.J. Edelen, BURIAL, CREMATION, 23b. DATE THEREOF	1 23c. NAME OF CEMETERY	OP CDEMATORY	Plata , Md.	wn or county) (State)
T	REMOVAL (Specify) 5/24/1967	G	6		
	FUNERAL DIRECTOR	ADDRESS	us Cemete:	'D BY REGISTRAR   25b. RE	p, Ad. GISTRAR'S SIGNATURE
	Arehart Funeral Home,	IncLa Plat	a Md DATE MA	Y 29 1967 20	Marley Judge
	Origin o - alloi at Hollice	TITO - TA TTAO	C 9 A TUE O DATE		

VR AI5 (4)

